2006			Application No.	10/040,605		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date	December 28, 2001		
			First Named Inventor	Harriman et al.		
			Art Unit	2145		
			Examiner Name	Choudhury, Azizul Q.		
Total Number of Pa	ges in This Submissi	on	Attorney Docket Number	42390P13764		
ENCLOSURES (check all that apply)						
Fee Transmittal	-orm	Drawing(s)	After Allowance Communication to TC		
Fee Attacl	ned	Licensing-	related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Re	ply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	declaration(s)	Petition to Provisiona	Convert a Application	Proprietary Information		
Extension of Time Request Express Abandonment Request Information Disclosure Statement PTO/SB/08 Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application		Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)		Status Letter Other Enclosure(s) (please identify below): Return Post Card Check \$910.00		
						Request for Continued Examination
						Lands
				Remarks		
			Filing Fee			
			ration/POA to Missing er 37 CFR 53			
1.02 01 1.0		LE OF APPLICA	NT, ATTORNEY, OR AC	GENT		
Firm	Paul A. Mendo					
or Individual name	r					
Signature						
		- · · · · · · · · · · · · · · · · · · ·				

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Alexandria, VA 22313-1450.							
Typed or printed name	Julie Dussault						
Signature	Chulie Oussault	Date	October 26, 2006				

OCT 3 1 2006 EE TRANSMITTAL for FY 2005 Complete if Known Application Number 10/040,605 December 28, 2001 Filing Date Patent fees are subject to annual revision. First Named Inventor Harriman et al. Choudhury, Azizul Q. Examiner Name Applicant claims small entity status. See 37 CFR 1.27. 2145 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 910.00 Attorney Docket No. 42390P13764

METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):							
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.							
FEE CALCU	FEE CALCULATION						
Large Entity Small Entity							
Fee	Fee	Fee	Fee	Foo Description	Fee Paid		
Code	(\$)	Code	(\$)	Fee Description			
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
2053	130	2053	130	Non-English specification			
1251	120	2251	60	Extension for reply within first month 120			
1252	450	2252	225	Extension for reply within second month			
1253	1,020	2253	510	Extension for reply within third month			
1254	1,590	2254	795	Extension for reply within fourth month			
1255	2,160	2255	1,080	Extension for reply within fifth month			
1401	500	2401	250	Notice of Appeal			
1402	500	2402	250	Filing a brief in support of an appeal			
1403	1,000	2403	500	Request for oral hearing			
1451	1,510	2451	1,510	Petition to institute a public use proceeding			
1460	130	2460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))			
Other f	ee (spe	cify) R	eques	t_for_Continued_Examination	790.00		
				SUBTOTAL (2) (\$)	910.00		

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778	
Signature	Mark Marken			Date	10/26/06	